

ATTESTATION OF INTENT: Use of ASCMI Form in SmartCare

County Behavioral Health Department: Humboldt County Behavioral Health

Date: _____

Executive Statement

The above-named County Behavioral Health Department affirms its intent to implement and utilize the Authorization to Share Confidential Member Information (ASCMI) form within the SmartCare electronic health record (EHR) system.

The County acknowledges that:

- The ASCMI form will be incorporated into SmartCare clinical workflows.

This attestation confirms the County's commitment to proceed with implementation and use of the ASCMI form in SmartCare.

Authorized Representative

I certify that I am authorized to sign on behalf of the County Behavioral Health Department and that the statements above accurately reflect the County's intent.

Name (Printed): Emi Botzler-Rodgers

Title: Behavioral Health Director

Signature: _____

Date: _____